## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/942,296

1000 7167 - 1

| CLAIMS AS FILED - PART I<br>(Column 1)                   |  |   |                   |                               |  | mn 2)                         |          | SMALL ENTITY TYPE   |                        | OR     | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|-------------------|-------------------------------|--|-------------------------------|----------|---------------------|------------------------|--------|-------------------------------|------------------------|
| TC   | TAL CLAIMS   |   | <u>م</u> ۲        |                               |  |                               |          | RATE                | FEE                    |        | RATE                          | FEE                    |
| FOR NU   |  |   |                   | ABER FILED                    |  | NUMBER EXTRA                  |          | BASIC FEE           | 355.00                 | OR     | BASIC FEE                     | 710.00                 |
| το   | TAL CHARGEA  | BLE CLAIMS                                | 27 min            | 27 minus 20=                  |  | • 1                           |          | X\$ 9=              |                        | OR     | X\$18=                        | 126                    |
| INDEPENDENT CLAIMS 3 minus 3                             |  |   |                   |                               | -112   | <i>\$</i>                     |          | X40=                |                        | OR     | X80=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                         |  |   |                   |                               |  |                               |          | +135=               |                        | OR     | +270=                         |                        |
| ' If the difference in column 1 is less than zero, enter |  |   |                   |                               |  | olumn 2                       | ŧ        | TOTAL               |                        | OR     | TOTAL                         | 336                    |
|  | . <b>C</b>   |   |                   |                               |  | 2                             | OTHER    | 31                  |                        |        |                               |                        |
| (Column 1) (Column 2) (Column                            |  |   |                   |                               |  |                               |          | SMALL               |                        | OR     | SMALL                         |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |                   | NUMI<br>PREVIO<br>PAID        | BER<br>DUSLY                                 | PRESENT<br>EXTRA              |          | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .27                                       | Minus             | .50                           | )  | =                             |          | X\$ 9=              |                        | OR     | X\$18=                        |                        |
| ARE<br>E   | Independent  | . 2                                       | Minus             | ···/                          |  | =                             |          | X40=                | :                      | OR     | X80=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM           |  |   |                   |                               |  |                               |          | +135=               |                        | OR     | +2.70=                        |                        |
|  |  |   |                   |                               |  |                               |          | TOTAL<br>ADDIT, FEE |                        | OR     | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)                         |  |   |                   |                               |  |                               |          |                     |                        |        |                               |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,                 | HIGH<br>NUM<br>PREVIC<br>PAID | BER<br>OUSLY                                 | PRESENT<br>EXTRA              |          | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .27                                       | Minus             | *                             | 27   | = /                           |          | X\$ 9=              | 1                      | OR     | X\$18=                        | 1                      |
| ME   | Independent  | . 3                                       | Minus .           | 0                             | <u>3                                    </u> | = (                           | ] [      | √X40=               |                        | OR     | X80=                          |                        |
| æ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                   |                               |  |                               | ▋▐       | 105                 |                        |        | +270=                         | <del></del>            |
|  |  |   |                   |                               |  |                               |          | +135=               |                        | OR     | TOTAL                         |                        |
| ADC  |  |   |                   |                               |  |                               |          | ADDIT. FEE          |                        | OR     | ADDIT. FEE                    |                        |
| (Column 1) (Column 2) (Column 3)                         |  |   |                   |                               |  |                               |          |                     |                        |        |                               |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUMI<br>PREVIO<br>PAID        | BER<br>DUSLY                                 | PRESENT<br>EXTRA              |          | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus             | **                            |  | =                             | 1        | X\$ 9=              |                        | OR-    | X\$18=                        |                        |
|  | Independent  | •   | Minus             | ***                           |  | =                             | <b>]</b> | X40=                | ·                      |        | X80=                          |                        |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                   |                               |  |                               | ▋▐       | +135=               |                        | OR     |                               |                        |
|  | and the second of the second o |   |                   |                               |  |                               |          |                     |                        | OR     | +270=                         |                        |
|  | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  |   |                   |                               |  |                               |          |                     |                        | OR     | TOTAL<br>ADDIT, FEE           |                        |
| •••  | If the "Highest Nu<br>The "Highest Num   | mber Previously Pa<br>ber Previously Pai  | aid For (Total or | Independe                     | s 1955 the<br>ent) is the                    | n 3, enter 3.<br>highest numb | er fou   | nd in the app       | ropriate box           | in col | umn 1.                        |                        |